	- 40 10-0	THE DIVISION OF HE			45
LITER MAI	R 13 1950	STANDARD CERTIF	ICATE OF DEA	ATH State File No	头()
91RTH NO		REG. DIST. NO. 128	PRIMARY REG. DIST.	NO 2000 Registrar's No	204
I. PLACE OF DEA	ATH			ENCE (Where decreased lived. If In-	titution: residenc
a. COUNTY	Greene		a. STATE Missou	ırıi b. COUNTY (Greene *d
		URAL and give c. LENGTH OF			
b. CITY (If outside co: OR		township) STAY (in this place)	OR OR	rporate limits, write RURAL and give town	
TOWN Spr	ringfield	4 months	. TOWN Spr	ringfield	<u> </u>
d. FULL NAME OF ((If not in hospital or in	estitution, give street address or location)	d. STREET ADDRESS	(If rural, give location)	!
HOSPITAL OR INSTITUTION	639 South	ı Grant	ADDRESS	639 South Grant	
3. NAME OF	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Y
DECEASED				OF	5 19
(Type or Print)	Lucie	Fulbright			
5, SEX / 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED/(Specify)	8. DATE OF BIRTH	9. AGE (In years) if these last birthday) Months	Days Hours
Female /	White	Widowed	Jan 4, 1861	89	
10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
done during most of world	ing life, even if retired)	Home		/	COUNTRY?
House wi		, , , , , , , , , , , , , , , , , , , ,		ld, Missouri	U.S.A
13a. FATHER'S NAME		136. MOTHER'S MAIDEN		14. NAME OF HUSBAND OR WIT	E
John Y. Fu	ulbright	. Martha Hayd	en ·		
IS. WAS DECEASED EVE		FORCES? 16. SOCIAL SECURITY		S SIGNATURE OR NAME	ADDRI
(Yee, no, or unknown) (If	f yes, give war or dates	of sorvice) None	Mrs Sam Go	ss, Springfield, M	issouri
18. CAUSE OF DEATH			CERTIFICATION	bot botting to any	I INTERVAL BE
Enter only one cause per	I. I. DISEASE OR CO	ONDITION ING TO DEATH*(a)		a land disease	ONSET AND D
line for (a), (b), and (c)	DIRECTLY LEADI	ING TO DEATH*(a)	0-13conon	e heary consense	591
	ANTECEDENT CA	MISES			<i>(</i> /
*This does not mean					
the mode of dying, such as heart fallure, authenia,	rise to the above or	s, if any, giving DUE TO (b) ruse (a) stating use last.		• •	,
eic. It means the dis-	the underlying cau	se last.			
case, injury, or complica-		DUE TO (c)		· · · · · · · · · · · · · · · · · · ·	-
tion which caused death.		FICANT CONDITIONS nuting to the death but not			1 .3 .
1	Conditions among				1 214 ~
Į	related to the disea	se or condition causing death.			190
19a, DATE OF OPERA-	related to the disea	se or condition causing death. DINGS OF OPERATION	· · · · · · · · · · · · · · · · · · ·		450 20.1 AUTOPS1
19a, DATE OF OPERATION	related to the disea	se or condition causing death.			
TION	related to the diseases 195. MAJOR FIND	se or condition causing death. DINGS OF OPERATION	121c (CITY TOWN OR	TOWNSHIP) (COUNTY)	YES 🗆
21a, ACCIDENT SUICIDE	related to the disea	se or condition causing death.	21c. (CITY, TOWN, OR	TOWNSHIP) (COUNTY)	
Zia. ACCIDENT SUICIDE HOMICIDE	related to the disea	se or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., ste)			YES 🗆
TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mostb)	related to the disea	pe or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., ste.) Hour) 21e. INJURY OCCURRED	21c. (CITY, TOWN, OR		YES 🗆
Zia. ACCIDENT SUICIDE HOMICIDE	related to the disea	se or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., ste)			YES 🗆
ZIa. ACCIDENT SUICIDE HOMICIDE ZId. TIME (Mostb) OF INJURY	related to the disca. 19b. MAJOR FINE (Specify) (Day) (Year) (DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., sea.) Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WHILE AT NOT WHILE WHIL	21f. HOW DID INJURY	Y OCCUR?	YES (STATE
Zia. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mouth) OF INJURY 22. I hereby certify t	related to the disea	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bidg., etc.) 21c. INJURY OCCURRED WHILE AT NOT WHILE AT WORK he deceased from	21r. HOW DID INJURY	y occuri	(STATE
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify a alive on 2-2	related to the disea	pe or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., stell Hour) 21c. INJURY OCCURRED WHILE AT HOT WHILE AT WORK AT WORK At and that death occurred at	211. HOW DID INJURY 19 49, to 77 5:00 Pm., from to	Y OCCUR?	(STATE
Zia. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mouth) OF INJURY 22. I hereby certify t	related to the disea	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bidg., etc.) 21c. INJURY OCCURRED WHILE AT NOT WHILE AT WORK he deceased from	21r. HOW DID INJURY	y occuri	(STATE
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify a alive on 2-2	related to the disea	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. INJURY OCCURRED WHILE AT WORK AT WORK he deceased from A work , and that death occurred at Degree or title)	21f. HOW DID INJURY 19 49, to 77 5:00 Pm., from to 23b. ADDRESS	occuri occl 5, 1950, that I la the causes and on the date state	st saw the deced above.
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certify a alive on 2-2 23a. SIGNATURE 24a. BURIAL, CREMA	(Bpacity) (Bpacity) (Chay) (Year) (Chat I attended to the I attended to the disease of the I attended to the I attende	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. INJURY OCCURRED WHILE AT WORK AT WORK he deceased from A work , and that death occurred at Degree or title)	21f. HOW DID INJURY 19 49, to 77 5:00 Pm., from to 23b. ADDRESS	y OCCURT Oarel 5, 1950, that I la the causes and on the date state Oarel 3, 1950, and on the	st saw the deced above. 23c. DATE SI 7 M. Carry) - (St
Zia. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mosth) OF INJURY 22. I hereby certify alive on 2-2 23a. SISNATURE 24a. BURIAL. CREMA TION, REMOVAL (Bublity)	related to the disea 195" MAJOR FINE (Bpacity) (Bpacity) (that I attended to the I	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bidg., etc.) Hour) 21e. INJURY OCCURRED WHILE AT MOT WHILE WORK AT WORK , and that death occurred at (Degree or title) R4c. NAME OF CEMETER	21f. HOW DID INJURY 19 49, to 77 5:00 Pm., from to 23b. ADDRESS RY OR CREMATORY	y OCCURT Occl. 5, 1950, that I la the causes and on the date state Oct. Blog.	st saw the deced above. 23c. DATE SI 7 M. Carry) - (St
Zia. ACCIDENT SUICIDE HOMICIDE Zid. TIME (Mosth) OF INJURY Zi. I hereby certify alive on Z-2 Zia. SIGNATURE Zia. BURIAL. CREMA TION, REMOVAL (Bushing BURIAL)	(Specify) (Day) (Year) (that I attended to the disease of the di	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bidg., etc.) Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK he deceased from Legal. , and that death occurred at Oberree or title) 24c. NAME OF CEMETER 1950 Human svill	21f. HOW DID INJURY 19 49, to 77 5:00 Pm., from to 123b, ADDRESS RY OR CREMATORY e Cemetery	y OCCURT Oarel 5, 1950, that I la the causes and on the date state Oarel 3, 1950, and on the	st saw the deced above. 23c. DATE SI 7 M. Carry) - (St
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mosth) OF INJURY 22. I hereby certify alive on 2-2 23a. SISNATURE 24a. BURIAL. CREMA TION, REMOVAL (Bublity	(Bpacity) (Bpacity) (Chay) (Tear) (Chat I attended to the disease) that I attended to the disease (Charles of the disease (21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bidg., etc.) Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK he deceased from Legal. , and that death occurred at Oberree or title) 24c. NAME OF CEMETER 1950 Human svill	21f. HOW DID INJURY 19 49, to 77 5:00 Pm., from to 23b. ADDRESS RY OR CREMATORY	y OCCURT Oarel 5, 1950, that I la the causes and on the date state Oarel 3, 1950, and on the	st saw the deced above. 23c. DATE SI 7 M. Carry) - (St

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	led on the reverse side of this	certificate was embalmed by me, or b	y
	**************************************	Student Embalmer No	·
vorking under my personal supervision.			
· ·	•	//	

Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Spring field, 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.